

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019449

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 132

FILED JUN 10 1963

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

(Gladstone  
Kansas City, Mo., North)

Length of stay in 1b

65 yrs

c. FULL NAME OF (If NOT in hospital, give location)

735 E. 68 Terr., North

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR  
TOWN

Kansas City, Mo.

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

6311 E. 110 Terr.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Flora

Middle

M.

Last

Reardon

4. DATE  
OF  
DEATH

Month

Day

Year

June 1, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11-2-1882

## 9. AGE (last birthday)

80

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

## 10b. KIND OF BUSINESS OR INDUSTRY

K.C. Southern R.R.

## 11. BIRTHPLACE (City and state or country)

Williamsburg, Kansas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Nathan Willson

## 13b. MOTHER'S MAIDEN NAME

Mary B. Perry

## 14. NAME OF HUSBAND OR WIFE

Michael E. Reardon

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Neil Reardon, 930 N. Strode, Indep., Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hypostatic Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

24 hours

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Right heart failure

## DUE TO (c)

arteriosclerotic heart disease &amp; Diabetes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Senility

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 5/22/63 to 6/1/63 and last saw her alive on 5/31/63  
Death occurred at 1:00 PM 6/1/63 m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Wm J. Leary D.O.

## 22b. ADDRESS

7220 No. Oak St. Trk, KC18, Mo.

## 22c. DATE SIGNED

6/3/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

6-4-1963

## 23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## 24. FUNERAL DIRECTOR

Muehlebach

## ADDRESS

6800 Troost

## 25. DATE RECD. BY LOCAL REG.

6-3-63

## 26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

SEP 19 1963

JUN 12 1963

Mr. Newberry  
7220 700  
Oak Valley  
Feb 6-13 04

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert J. Linder

Licensed Embalmer No. 5103  
P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.